

765101

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	RH		5/15
O.I.P.E. CLASSIFIER			11/01
FORMALITY REVIEW	K	1019	07-12-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date
Final	
Original	10/01
2	01/24
3	02/03
4	✓
5	N
6	N
7	N
8	✓
9	N
10	N
11	✓
12	✓
13	N
14	N
15	N
16	N
17	✓
18	N
19	N
20	N
21	✓
22	✓
23	✓
24	✓
25	N
26	N
27	N
28	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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